

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-975)**

SERIAL NO. **1016/9589** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			A		B		C	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	IND.	DEF.
1							31						
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48							78						
49							79						
50							80						
TOTAL IND.							81						
TOTAL DEF.							82						
TOTAL CLAIMS							83						
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